

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555020	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/28/2021
NAME OF PROVIDER OR SUPPLIER Laguna Honda Hospital & Rehabilitation Ctr D/P Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 375 Laguna Honda Blvd. San Francisco, CA 94116	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0689 Level of Harm - Actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to ensure resident safety for one resident (Resident A) when Resident A's seatbelt was not fastened while transport vehicle was in motion.</p> <p>This failure resulted in Resident A falling out of her wheelchair inside the van and sustaining a fracture on her right tibia (shin bone) and fibula (calf bone).</p> <p>Findings:</p> <p>During a review of Resident A's physician notes (PN), dated 3/13/20, the PN indicated Resident A had diagnoses that included End-Stage [CONDITION(S)], and Dementia (loss of cognitive functioning). PN also indicated, Resident A was completely unaware of her situation and cannot reliably state her needs.</p> <p>During a review of the Minimum Data Set (MDS, an assessment tool) dated 3/2/20, the Brief Interview for Mental Status (BIMS) indicated, Resident A was unable to repeat three words, unable to report the correct year, month, and day of the week, and was unable to complete the interview. Resident A's functional status in MDS indicated, the resident was totally dependent on staff for bed mobility, transfers, locomotion on and off the unit, eating, toilet use and personal hygiene.</p> <p>During a review of Resident A's Care Plan, (CP), dated 8/17/19, the CP indicated, .Problem: Safety . Fall . Goal . Free from fall injury . INTERVENTIONS: 1. Assess patient frequently for physical needs. 2. Identify cognitive and physical deficits and behaviors that affect risk of falls. 3. Institute fall precautions .</p> <p>During a review of the facility's Investigation Report (IR), dated 3/15/20, the IR indicated, Resident A slipped out of the wheelchair, and fell inside the van during transport back to the facility from her appointment on 3/14/20. The IR indicated, Resident A was diagnosed with fracture of her right tibia and fibula.</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/8/21, at 1:37 PM, with Patient Care Assistant (PCA) 1, PCA 1 confirmed she was assigned to escort Resident A to her [CONDITION(S)] (kidney failure treatment that filters and purifies the blood using a machine) appointment on 3/14/20. PCA 1 stated, after the treatment, a [CONDITION(S)] staff transferred the resident back to her wheelchair, placed a blanket on her lap and tucked her in the chair. PCA stated, it was her responsibility to ensure Resident A's seat belt was fastened, and the vehicle driver's responsibility to make sure the wheelchair was secured inside the van. PCA 1 stated, during transport, she saw Resident A slipped from the wheelchair and fell on the floor inside the vehicle. PCA 1 said, .I didn't think to strap her in . PCA stated, she never thought to check if Resident A's seat belt was buckled or not. PCA 1 said, I learned from my mistake . I will check . PCA 1 stated, I wish I was proactive . that's where I messed up .</p> <p>During an interview on 12/8/21, at 2:13 PM, Nurse Manager (NM), NM stated, Resident A passed away on 6/30/20. NM stated, the fall incident could have been prevented. NM confirmed Resident A's seatbelt was not buckled during transport on 3/14/20 which resulted in a fall and right lower leg bone fractures. NM stated, PCA 1 should have checked Resident A was securely buckled up in her seat while inside the vehicle to ensure safety during transport back to the facility. NM stated, it was the facility's policy and expectation for PCA escorts to ensure residents were safe during transport. NM stated, licensed nurses were also expected to give to PCA escorts a report that included safety precautions and reminders.</p> <p>During a review of the facility's policy and procedure (P&P), titled, FALLS, with revision dated 7/9/19, the P&P indicated, . PURPOSE . Provide a safe environment for residents . PROCEDURE . Interventions shall be developed and implemented for each resident individually based on . potential hazards in the environment. The interventions shall include adequate supervision of residents whom are at risk for falling .</p> <p>During a review of the facility's policy and procedure (P&P), titled, PROTOCOL FOR RESIDENT ESCORT OFF HOSPITAL GROUNDS, dated 11/10/15, the P&P indicated, . PURPOSE . To maintain resident safety while escorting the resident . Responsibilities of the Escort . The escort's sole responsibility is the resident's safety and well-being .The escort should assert their responsibility for safety of the resident .Attachment 1: Instruction to Escort Form .INSTRUCTIONS TO ESCORT .A. Precautions . Fall Risk .</p> <p>During a review of the facility's policy and procedure (P&P), titled, OFF CAMPUS APPOINTMENTS OR ACTIVITIES, with revision dated 1/14/20, the P&P indicated, . POLICY . Escorts shall be provided with the necessary training and or information for resident safety .PURPOSE . To provide resident safety and supervision during off campus appointments and activities . PROCEDURE . The Resident Care Team (RCT) . shall determine . if a resident needs to be accompanied by an escort, and the escort must be deemed appropriate to accompany the resident .The Day of the appointment . The Charge Nurse or designee will: give hand off report to the escort . The escort shall: obtain hand off report from the Charge Nurse or designee .</p>		